



# Washington State School for the Blind Birth to 3 Program

## Referral/Request for Vision Services TA and Consultation

### Child Information:

Name: \_\_\_\_\_ Male ☐ Female ☐  
DOB: \_\_\_\_\_  
Primary Language: ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

### Parents/Guardian's Information:

Name: \_\_\_\_\_  
Relationship to Child: ☐ Mother ☐ Father ☐ Grandparent ☐ Foster ☐ Other: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

### Child's Vision Information:

☐ The child has no vision diagnosis, but the family and team has concerns.

Vision Diagnosis: \_\_\_\_\_  
Ophthalmologist: \_\_\_\_\_ Date of Most Current Eye Report: \_\_\_\_\_  
Comments/concerns: \_\_\_\_\_

### ESIT Program Information: ☐ Child is not yet enrolled in an ESIT Program or unknown.

Name of FRC: \_\_\_\_\_ Agency: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Referral Source Contact: If the referral source (you) are not the child and family's FRC, please identify yourself in case further information is needed.

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Relation/role to child & family: ☐ Family ☐ Doctor ☐ Social Worker ☐ Service Provider ☐ Other: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Services Requested: Check all that apply.

- ☐ Services from a Teacher of the Visually Impaired (TVI)
- ☐ Functional Vision Assessment (To determine "What baby sees" And completed by a TVI.)
- ☐ Orientation and Mobility evaluation (To assess safe and efficient mobility skills and the need of an Orientation and Mobility Specialist)
- ☐ TA/Consultation to Team (Can include in-service training to team and assistance on accessing a TVI)
- ☐ Family Support and Information
- ☐ Other: \_\_\_\_\_

### Instructions:

- Return completed form to DeEtte Snyder, State Coordinator for Birth to 3 B/VI Services at [DeEtte.Snyder@wssb.wa.org](mailto:DeEtte.Snyder@wssb.wa.org) or by fax at (360)737-2120.
- If you are the child and family's FRC, she will contact you to coordinate and develop an appropriate plan of action. A signed **Permission to Release Information** form may be required. Please access your agencies appropriate forms and submit with this form if needed.
- Questions? Contact DeEtte via phone at (360)947-3305.